

Quick Guide to Management of Occupational Blood Exposures

Provide immediate care to the exposure site.

- Wash wounds and skin with soap and water.
- Flush mucous membranes with water.

Determine risk associated with exposure by:

- type of fluid (blood, bloody fluid, potentially infectious fluid/tissue, concentrated virus), and
- type of exposure (percutaneous, mucous membrane, nonintact skin, bites).

Evaluate exposure source to assess risk.

- Test known sources for HBsAg, anti-HCV, and HIV antibody (consider using rapid testing).
- For unknown sources, assess risk of exposure to HBV, HCV, or HIV infection.
- Do not test discarded needles or syringes for virus contamination.

Evaluate the exposed person.

- Assess immunization status for HBV infection by history of HBV vaccination and vaccine response.

Give PEP for exposures posing risk of infection transmission.

- Initiate PEP as soon as possible, preferably within hours of exposure.
- HBV and HIV - use one of the following for PEP recommendations and more information:
 1. MMWR R&R No. 11, June 29, 2001, Tables 3, 4, and 5.
 2. Website www.cdc.gov/mmwr/preveiw/mmwrhtml/rr5011a1.htm.
 3. Or in situations for which expert consultation for HIV post-exposure is needed, call the National Clinicians' Postexposure Prophylaxis Hotline (PEPline) at 1-888-448-4911.
- Offer pregnancy testing to all women of childbearing age not known to be pregnant.
- See expert consultation if viral resistance is suspected.
- Administer PEP for 4 weeks if tolerated.
- HCV - PEP is not recommended.

Perform follow-up testing and provide counseling.

- Advise exposed persons to seek medical evaluation for any acute illness during follow-up period.

HBV exposures

- Perform follow-up anti-HBs testing in persons who receive hepatitis B vaccine.
- Test for anti-HBs 1-2 months after last dose of vaccine. Anti-HBs response to vaccine cannot be ascertained if HBIG was received in the previous 3-4 months.

HCV exposures

- Perform baseline and follow-up testing for anti-HCV and alanine amino-transferase (ALT) 4-6 months after exposures.
- Perform HCV RNA at 4-6 weeks if earlier diagnosis of HCV infection desired.
- Confirm repeatedly reactive anti-HCV enzyme immunoassays (EIAs) with supplemental tests.

HIV exposures

- Perform HIV-antibody testing at least 6 months postexposure (e.g., at baseline, 6 weeks, 3 months, and 6 months)
- Perform HIV antibody testing if illness compatible with an acute retroviral syndrome occurs.
- Advise exposed persons to use precautions to prevent secondary transmission during the follow-up period.
- Evaluate exposed persons taking PEP within 72 hours after exposure and monitor for drug toxicity for at least 2 weeks.

SD Department of Health excerpt from: Centers for Disease Control and Prevention. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. MMWR 2001;50 (No. RR-11), Appendix B, page 45-46.